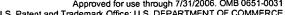
PTO/SB/17 (12-04v2)
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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT Check Credit Card Money Order Money Order None Other (please identify): X Deposit Account Deposit Account Number: 12-0080 Deposit Account Number: 12-0080 Deposit Account Number: 12-0080 X Charge fee(s) indicated below Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 Application Number O9/800814-Conf. #5757 Filing Date March 7, 2001 First Named Inventor Tetsuya YASHIKI Examiner Name W. L. Bangachon Art Unit 2635 OAC-009RCE Method Of Payment (check all that apply) Check Credit Card Money Order None Other (please identify): Lahive & Cockfield, LLP Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee X Credit any overpayments						
First Named Inventor Tetsuya YASHIKI Examiner Name W. L. Bangachon Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2635 TOTAL AMOUNT OF PAYMENT (\$) 1,020.00 Attorney Docket No. OAC-009RCE METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee X Charge any additional fee(s) or underpayment of X Credit any overpayments						
For FY 2005 First Named Inventor Examiner Name W. L. Bangachon Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2635 TOTAL AMOUNT OF PAYMENT (\$) 1,020.00 Attorney Docket No. OAC-009RCE METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayment of X Credit any overpayments						
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FEE CALCULATION						
1. BASIC FILING, SEARCH, AND EXAMINATION FEES						
FILING FEES SEARCH FEES EXAMINATION FEES						
Small Entity Small Entity Small Entity Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$)						
Utility 300 150 500 250 200 100						
Design 200 100 100 50 130 65						
Plant 200 100 300 150 160 80						
Reissue 300 150 500 250 600 300						
Provisional 200 100 0 0 0 0						
2. EXCESS CLAIM FEES Small Entity						
Fee Description Fee (\$)						
Each claim over 20 (including Reissues) 50 25						
Each independent claim over 3 (including Reissues) 200 100						
Multiple dependent claims 360 180						
Total Claims — Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims						
x = <u>Fee (\$)</u> <u>Fee Paid (\$)</u>						
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)						
= x =						
3. APPLICATION SIZE FEE						
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer						
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).						
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)						
100 = /50 (round up to a whole number) x =						
4. OTHER FEE(S) Fees Paid (\$)						
Non-English Specification, \$130 fee (no small entity discount)						
Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,020.00						
SUBMITTED BY						
Signature Registration No. (Attorney/Agent) 46,590 Telephone (617) 227-7400						
Name (Print/Type) David R. Burns Date May 3, 2006						

Express Mail Label No. EV682330838US	Dated: May 3, 2006	







PTO/SB/22 (12-04)
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PETITIO	PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)			Docket Number (Optional) OAC-009RCE	
<u> </u>	Application Number 09/800814-Conf. #5757			Filed March 7, 2001	
For M	EMORY REWRITING SYSTEM FOR VE	HICLE CONTROLLE	₹		
Art Unit	2635		Examiner V	/. L. Bangachon	
	request under the provisions of 37 CFR 1 application.	.136(a) to extend the	period for filing a repl	y in the above	
The requ	ested extension and fee are as follows (c	heck time period desi	red and enter the app	ropriate fee below):	
	One month (37 CFR 1.17(a)(1))	<u>Fee</u> \$120	Small Entity Fee \$60	\$	
Ī	Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$	
	Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ 1,020.00	
	Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$	
1 7	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$	
	ne Director is hereby authorized to charge eposit Account Number 12-0080 he applicant/inventor.		osed a duplicate copy		
	assignee of record of the er Statement under 37 CF				
	attorney or agent of record. attorney or agent under 37 or Registration number if acting	CFR 1.34.	46,590		
	Signature S)		3, 2006 ate	
_	David R. Burns Typed or printed name	 	(617) 227-7400 Telephone Number		
	Signatures of all the inventors or assignees of record of to a signature is required, see below.	he entire interest or their repre	esentative(s) are required. Su	bmit multiple forms if more	
	Total of forms are sub-	mitted.			
1020.00 DA		-			

Express Mail Label No. EV682330838US Dated: May 3, 2006